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CONFIRMATION NO. 3209

<b>SERIAL NUMBER</b> 10/801,520	<b>FILING OR 371(c) DATE</b> 03/16/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Elizabeth A. Mazzio, Tallahassee, FL; Karam F. Soliman, Tallahassee, FL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/456,817 03/21/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/02/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 21
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> KARAM SOLIMAN FLORIDA A AND M UNIVERSITY COLEGE OF PHARMACY AND PAHMACEUTICAL SCIENCE 104 DYSON BULIDING Tallahassee, FL32307				
<b>TITLE</b> TOPICAL TREATMENT FOR DYSHIDROSIS (POMPHOLYX) AND DRY SKIN DISORDERS				
<b>FILING FEE RECEIVED</b> 1019	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	